SI. No. Proposal	Status
5. UNICEF supported inter-State Cluster District Scheme	Kutch and Surendemagar. An amount of Rs. 11.00 crores has been released for implementation of the programme. Being implemented in the districts of Valsad and Dang of Gujarat.

Achievement of National Population Policy

†3528. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the extent to which Government have achieved success to check the increasing population in the country;

(b) whether Government have fixed any target under National Population Policy to check the increase in population; and

(c) if so, the effective steps Government are taking to achieve the said target?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The decadal growth rate of population in the country continued to rise from 13.31 per cent in 1951 to 21.64 per cent in 1961 and then it reached all time high of 24.80 per cent in 1971. However, it started declining afterwards from 24.66 per cent in 1981 to 23.86 per cent in 1991 and then 21.34 per cent in 2001. Similar trend were noticed in the average annual exponential growth rate of population. From 1.25 per cent in 1951 it rose to 1.96 per cent in 1961 then to 2.20 per cent in 1971 and it was at top with 2.22 per cent in 1981. But it came down to 2.14 per cent in 1991 and further dipped to 1.93 in 2001.

(b) and (c) National Population Policy, 2000 does not mention about fixing of targets but lists certain socio-demographic goals to be achieved by 2010. These are:

(1) Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.

(2) Make school education upto age 14 free and compulsory and reduce dropouts at primary and secondary school levels to below 20 per cent for both and girls.

†Original notice of (he question was received in Hindi.

(3) Reduce infant mortality rate to below 30 per 1000 live births.

(4) Reduce maternal mortality ratio to below 100 per 100.000 live births.

(5) Achieve universal immunization of children against all vaccine preventable diseases.

(6) Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.

(7) Achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons.

8) Achieve universal access to information/counseling and services for fertility regulation and contraception with a wide basket of choices.

(9) Achieve 100 per cent registration of births, deaths, marriages and pregnancy.

(10) Contain the spread of Acquired Immuno Deficiency Syndrome (AIDS) and promote greater integration between the management of Reproductive Tract Infection (RTI) and Sexually Transmitted Infections (STI) and the National AIDS Control Organisation.

(11) Prevent and control communicable diseases.

(12) Integrate Indian System of Medicines (ISM) in the provision of reproductive and chlid health services and in reaching out of households.

(13) Promote vigorously the small family norm to achieve replacement levels to TFR.

(14) Bring about converagcncc in implementation of related social sector programmes so that family welfare becomes a people centered programme.

- The effective steps tnken after the adoption of NPP 2000 are as under: > State Government have been advised to formulate State Population Policy with State specific strategies while maintaining the general spirit of National Population Policy, 2000 and also to constitute State Population Commission under the chairmanship of Chief Minister of respective State to review, monitor and give directions for the implementation of the State Population Policy with a view to meeting the goals set out in the National Population Policy, 2000.
- The State Governments have also been advised to prepare firm and detailed action plan taking into account the ground realities and

their area specific problems (region-wise/district-wise) for effective implementation of family welfare programme.

- To enhance and accelerate performance in States with currently below average sociodemographic indices, an Empowered Action Group (EAG) has been constituted in the Ministry of Health and Family Welfare for preparation of area specific programmes with special emphasis on States that are lagging behind. A detailed database for eight States *i.e.* MP, UP, Bihar, Rajasthan, Orissa, Chhattisgarh, Uttaranchal and Jharkhand has been compiled by the Department of Family Welfare to help guide the assessment of community needs.
- The Government of India has constituted a National Commission on Population (NCP) on 11th May 2000 under the chairmanship of Hon'ble Prime Minister of India and Deputy Chairman, Planning Commission as Vice Chairman. The main functions of NCP is to review, monitor and give directions for the implementation of the National Population Policy with a view to meeting the goals set out in the Policy.

PHCs, Hospitals and Dispensaries with Ayurvedic, Homoeopathic and Yoga Facilities

3529. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number and the details of primary health centres, hospitals and dispensaries in which Ayurvedic, Homoeopathic and Yoga facilities are available or proposed to be made available in Uttar Pradesh, Rajasthan, Madhya Pradesh, Orissa, Bihar, Uttaranchal, Jharkhand, Chhattisgarh, North-Eastem Region and in the desert, tribal and remote areas of the country during the next two years; and

(b) the details of funds allocated for the same, location-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The establishment of hospitals and dispensaries is the responsibility of State Governments. They establish hospitals and dispensaries depending upon *inter-se* priority and resources available. The number of hospitals and dispensaries of ISM & H are given at Statement (See be low)

(b) The funds are allocated by the State Governments for their hospitals and dispensaries.